

Michigan Department of Health and Human Services Social Determinants of Health—Accelerator Plan

Key Staff Interview Summary

Background and Introduction

The Michigan Department of Health and Human Services (MDHHS) is currently working on the development of a Social Determinants of Health Accelerator Plan (SDOH-AP) that includes strategies to reduce chronic conditions and promote health equity. The SDOH-AP will supplement the larger MDHHS SDOH strategy to fast-track initiatives that drive meaningful collaboration and address SDOH needs for people with chronic conditions. The MDHHS Office of Policy and Planning has engaged Public Sector Consultants (PSC) to support these efforts through a survey, small group discussions, and one-on-one interviews.

The purpose of the survey, which was fielded in March 2023, was to identify programs from the Division of Chronic Disease and Injury Control in the Public Health Administration that include efforts to address SDOH. The group discussions, which took place in August 2023, were intended to build on the information gathered from the survey, including learning more about programs already engaged in addressing SDOH to identify promising practices as well as barriers they face in doing this work.

PSC then conducted four one-on-one interviews with staff who participated in the group discussions. Interviewees were asked to provide more details about their programs' activities, partnerships, community engagement strategies, and potential future initiatives related to SDOH. The interview guide can be found in the Appendix. Key findings and themes from these discussions are presented below.

Addressing Chronic Conditions and SDOH

Each interviewee shared that, though their program's primary aim is to manage chronic conditions, they are committed to addressing SDOH. Interviewees represented the following programs within the MDHHS Public Health Administration:

- Women, Infants, and Children (WIC) Program, WIC Division
- Breast and Cervical Cancer Control Navigation Program (BC3NP), Cancer Prevention and Control Section
- Michigan Overdose Data to Action (MODA), Substance Use, Gambling & Epidemiology Section
- Transforming Youth Suicide Prevention (TYSP), Injury Violence and Prevention Section

Community Engagement and Partnerships

While the specific approaches and operational methods differ among initiatives, a common thread among them is the integration of community engagement into their processes. Additionally, they actively seek out partnerships with community-based organizations to not only provide direct services but also to enhance accessibility to the critical services they offer.

Women, Infants, and Children

Women, Infants, and Children (WIC) is a federally funded nutrition program administered by MDHHS. It serves low and moderate income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who are found to be at nutritional risk. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care services. Participants can use their WIC food benefits at approved retail grocery stores and pharmacies.

The staff person interviewed from the WIC program described initiatives focused on improving the WIC shopping experience and service delivery by setting up and operating a Vendor Advisory Council (VAC) and Client Advisory Council (CAC). The VAC comprises nine contracted vendors and the CAC comprises eight previous and current WIC clients. Both councils are tasked with gathering feedback on current and future WIC program policies, gain insight into barriers to improve service to WIC participants and collaborate with vendors in the development of marketing and training tools. These tools serve to improve program compliance, maintain program integrity, and broaden participant access.

Breast and Cervical Cancer Control Navigation Program

The Breast and Cervical Cancer Control Navigation Program (BC3NP), led by the Cancer Screening Section ensures that low-income women have access to crucial cancer screening services and, if necessary, receive follow-up care, including cancer treatment. The program is funded through multiyear grants from the Centers for Disease Control and Prevention (CDC). The Cancer Screening Section interviewee shared that their program targets women aged 41 to 64 who are uninsured or underinsured and have incomes at or below 250 percent of the federal poverty level. The program contracts healthcare providers to enroll women into the program and provide mammograms and Pap tests to eligible women. Additionally, the program helps women get to and from screening appointments by providing transportation vouchers and gas cards. The program analyzes state data to identify priority populations including areas with a high burden of cancer mortality and seek out providers in the areas of highest need.

BC3NP has made significant strides in community engagement, particularly in Wayne, Macomb, and Oakland Counties in Southeast Michigan. A dedicated BC3NP program manager and community engagement specialist have led these efforts. They have undertaken an array of initiatives to promote program services, collaborating extensively with diverse community groups and organizations. Their outreach efforts have included engaging with Black churches and Hispanic community spaces, ensuring that the information reaches diverse populations. Additionally, two nurses actively participate in community events. BC3NP staff actively seek out organizations to engage as partners, ensuring that their breast cancer awareness initiatives are as comprehensive as possible.

Michigan Overdose Data to Action

The Michigan Overdose Data to Action (MODA) program coordinator shared that their Quick Response Team (QRT) model works to connect overdose survivors to harm reduction and treatment services 48 to 72 hours following an opioid overdose. The program aims to reduce repeat overdoses, to increase the number of individuals in post-overdose treatment and assist individuals who have experienced an overdose with recovery support, SDOH-related services, and links to treatment options. The QRTs are made up of providers that offer comprehensive substance use disorder (SUD) treatment, as well as peer recovery coaches, who support individuals in crisis and maintain contact with them for up to 90 days to help them identify a path to recovery. All peer recovery coaches are people in long-term recovery from drug or alcohol addiction.

Partnerships are thoughtfully established through a systematic process that involves initiating contracts with organizations specializing in substance use disorder (SUD) treatment services through a formal request for proposals (RFPs) process. This approach ensures that partnerships are forged with organizations that are well-equipped to meet the specific needs of the program but also share a common vision for enhancing the lives of individuals dealing with SUDs.

Transforming Youth Suicide Prevention

The Suicide Prevention Unit under the Injury Violence and Prevention Section runs Transforming Youth Suicide Prevention (TYSP), a program that focuses on suicide prevention among youth ages 18 to 24. The program aims to develop, implement, and support a comprehensive, sustainable statewide approach to youth suicide prevention and intervention that is grounded in public and private collaboration among youth serving agencies and organizations. The TYSP program collaborates with emergency departments (EDs) across five health systems to implement suicide prevention measures, including the use of suicide risk screening tools and safety plans, and comprehensive training for ED staff. The program also works with the child welfare system to educate workers on identifying suicide risk and provides tools on suicide prevention.

Future Initiatives and Partnerships

The insights provided by interviewees revealed the potential for program expansion with additional funding and the possibility for collaboration within and outside MDHHS. Interviewees provided several examples of how extra resources could lead to tangible improvements in public health programs, describing how additional funding would enhance their community engagement efforts, expand participation, support evaluation, and/or incorporate SDOH-related information into existing resources.

Additionally, interviewees collectively highlighted the untapped potential for collaborations both within and outside MDHHS, showcasing the prospect of more comprehensive, efficient, and impactful approaches to addressing chronic conditions and SDOH.

Program Expansion with Additional Funding

The WIC program interviewee shared that additional funding would allow the program to have CAC members participate in more events because the funds could help cover travel expenses. Similarly, the BC3NP interviewee shared that, with additional funding, they could do more proactive outreach to enroll

more eligible women. MODA would utilize additional funding to conduct focus groups to gather additional feedback from people with lived experience and also expand efforts to evaluate the QRT program. The TYSP program would use additional funding to incorporate resources about economic stability, food security, access to healthcare in their suicide prevention materials.

Collaboration Within and Outside MDHHS

Interviewees collectively agreed that there is great potential for their programs to collaborate with other MDHHS administrations, bureaus, divisions, and sections. Such partnerships have the potential to greatly expand the reach, impact, and effectiveness of each of their programs, allowing them to address chronic conditions and SDOH more comprehensively. Additionally, interviewees recognize that meaningful partnerships with external organizations can amplify their efforts and bring about holistic solutions to address chronic conditions and SDOH. Exhibit 1 summarizes each program's interest in partnering within and outside MDHHS.

EXHIBIT 1: Potential Collaboration Opportunities

Program	Within MDHHS	Beyond MDHHS
BC3NP	<ul style="list-style-type: none"> Tobacco Section HIV Unit Diabetes and nutrition education program The State Disability Committee 	<ul style="list-style-type: none"> Libraries Food banks Michigan Department of Corrections (MDOC)
QRT	<ul style="list-style-type: none"> Behavioral Physical Health and Aging Services Administration 	<ul style="list-style-type: none"> Public safety organizations MDOC County medical examiners
TYSP	<ul style="list-style-type: none"> Tribal government services 	<ul style="list-style-type: none"> Organizations in Black and LGBTQIA+ communities Unemployment centers
WIC	<ul style="list-style-type: none"> MDHHS Data Warehouse 	<ul style="list-style-type: none"> Michigan Department of Transportation Michigan State Housing Development Authority

WIC

The WIC program is working to create a central database within the MDHHS Data Warehouse to facilitate collaboration with partners. They are planning to hold monthly calls with partners to clarify and align data needs and strengthen their partnerships. The WIC representative shared the need for a directory within MDHHS that includes the current efforts to address chronic conditions and SDOHs.

The WIC program is also eager to collaborate with agencies outside MDHHS, like the Michigan Department of Transportation (MDOT) and the Michigan State Housing Development Authority (MSHDA) to address the substantial transportation and housing challenges that some of their clients face. Collaborating with MDOT and MSHDA would enable the WIC program to develop holistic solutions that enhance not only the grocery shopping experience but also the overall well-being of program participants.

By forging such partnerships, they aim to create a more comprehensive and supportive environment for the communities they serve.

BC3NP

The BC3NP representative shared interest in collaborating with the Tobacco Section, the Bureau of HIV & STI Programs, the Diabetes & Kidney Unit, and the Michigan Developmental Disabilities Council to enroll eligible women that participate in other programs managed by MDHHS. Outside MDHHS, the BC3NP interviewee indicated partnerships with libraries, food banks, and corrections to promote BC3NP would be helpful. Partnership efforts were underway with these entities prior to COVID-19 and program staff are working to reinstate these efforts. BC3NP is eager to build a network of collaborators both within and outside of MDHHS to ensure that women in need of cancer screening and support can access the services they require.

MODA

The MODA interviewee said the CDC requires the Bureau for Health and Wellness and the Bureau of Surveillance to co-create a workplan to stimulate collaboration among initiatives funded by the CDC. The workplan serves as a planning and management tool between MDHHS and CDC staff. While the MODA interviewee is satisfied with the collaboration between the two bureaus, they expressed interest in extending their collaboration to include the Behavioral and Physical Health and Aging Services Administration to align their efforts for SUD management. They also proposed the development of a comprehensive dashboard within MDHHS that could be used by project teams to share project information including goals, progress, data and partnerships of various programs that support those with SUD.

The program intends to connect with public safety organizations in local communities, promote medication for opioid use disorder (MOUD) in jails, and engage with the mortality review team, which is made up of public health and public safety staff that collaborate to review fatality cases and provide recommendations for overdose prevention. Additionally, the interviewee suggested working with more underrepresented sectors to work on pending legislation for accessing county medical examiner data. This collaborative approach could foster more efficient coordination among different stakeholders working on overdose prevention.

Transforming Youth Suicide Prevention Program

The TYSP program recognizes the urgency of addressing elevated suicide rates among Tribal nations in Michigan. However, they face significant challenges in establishing direct partnerships with these nations due to complex bureaucratic barriers. To overcome these obstacles, the program engages community partners who are better positioned to work within these communities. Additionally, the TYSP program is actively seeking partnerships with employment organizations and community-based organizations that specifically focus on raising awareness about suicide prevention within the Black and LGBTQIA+ populations. Through these partnerships, the TYSP program aims to address the unique needs and challenges faced by these communities, with the shared goal of collectively reducing suicide rates and advancing mental health support for the youth in Michigan.

Solutions to Common Barriers

There was consensus among the interviewees that implementing proactive preventive strategies to address SDOH faces significant challenges rooted in two main factors—funding constraints tied to grants supporting their programs and insufficient communication and coordination across various programs within MDHHS.

Interviewees stated that funding for their programs often comes with specific stipulations that limit programmatic flexibility and the potential to expand their efforts. In addition to funding-related constraints, a lack of effective communication and collaboration across different MDHHS programs was highlighted as a major challenge. Interviewees said many programs are operating in isolation, with limited sharing of information, resources, or best practices. This fragmentation can hinder the development of holistic strategies to address SDOH and can result in missed opportunities for collaborative efforts.

Improving Internal Communications

The interviewees acknowledged that while little can be done to overcome funding challenges, there are significant opportunities to enhance communication and collaboration within MDHHS. The interviewees emphasized the need for improved information-sharing across programs serving similar populations with SDOH needs. They advocated for solutions like cross-training, unified data management systems, and shared performance metrics to enhance information-sharing and coordination.

Cross-Training and Workshops

One interviewee proposed MDHHS organize regular cross-training sessions and workshops to familiarize staff from different departments with each other's programs, priorities, and challenges. These sessions can help foster relationships and understanding among teams, making them more likely to collaborate effectively and learn from one another.

Unified Data Management System

One interviewee suggested the implementation of a centralized data management system that allows programs to access and share relevant information securely. They said this system should comply with data privacy regulations and be designed to facilitate easy data exchange while protecting sensitive information. It should also include dashboards for real-time monitoring of shared SDOH metrics and chronic conditions management programs.

Shared Performance Metrics

Finally, one interviewee suggested adapting a set of shared performance metrics that all relevant programs can use to assess their impact on SDOH and chronic conditions. By aligning their measurement approaches, these entities can collectively track progress and identify areas for improvement.

Interviewees believe that by implementing these solutions, MDHHS can significantly enhance information-sharing and collaboration among its departments and bureaus, ultimately leading to more effective and integrated approaches to addressing SDOH and improving the well-being of Michigan's communities.

Conclusion

These one-on-one interviews provided insight into several programs and initiatives aimed at managing chronic conditions and SDOH. A common thread across these programs was the importance of robust partnerships, whether with healthcare providers or community organizations. These collaborations were seen as vital to overcoming challenges and reaching underserved populations effectively.

These programs are actively engaging communities and expanding their reach. Though interviewees shared a high level of satisfaction with their programs, they described challenges as well, including funding limitations and siloed communication across different administrations, bureaus, and sections within MDHHS. However, they were able to identify the potential for increased collaboration and communication with a wide variety of programs both inside and outside of MDHHS.

Interviewees' collective commitment to addressing SDOH and managing chronic conditions reflects a promising path forward for the MDHHS Office Of Policy and Planning in the development of an SDOH Accelerator Plan. By implementing solutions to enhance communication and collaboration, MDHHS can pave the way for more effective, integrated, and impactful approaches to addressing SDOH and chronic conditions in the state.

Appendix: Interview Guide

Program Activities and Partnerships

1. When we met for the small group discussion, you mentioned/described how your program does **[insert program information from discussion groups]**. Can you provide a bit more detail about the specific activities you and your partners undertake to address **[insert SDOH and/or chronic conditions]**?
 - a. **[If not mentioned in response to Q1]**: With which specific community organizations or government agencies does your program collaborate to address SDOH and chronic conditions?
 - b. How are those partnerships created and sustained?

Community Engagement

2. Can you say more about how you and your partners engage community members to determine strategies/priorities?
 - a. Are you satisfied with the level of engagement you've achieved?
 - i. **[If yes]** what specific strategies have supported your success?
 - ii. **[If no]** what do you think would increase your success?

Future Initiatives and Partnerships

3. What additional or new upstream preventive strategies to address SDOH could your program implement with additional resources or support?
 - a. What resources or support does your program need to effectively implement these strategies?
4. With what other MDHHS bureaus/divisions or sections do you think your program can partner with, to better address SDOH for people with chronic conditions?
5. Are there additional sectors, such as housing, transportation, and education, might your program partner to expand its efforts to address SDOH for people with chronic conditions?

Overarching Barriers

6. In the group discussion, there was fairly widespread agreement that two major barriers to implementing upstream preventive strategies to address SDOH are funding limitations and lack of communication across MDHHS programs. How, if at all, could either of these be addressed?

Wind-down

7. Is there anything else you would like to share that we haven't already discussed?

Close

Those are the questions we have for you today. Our next steps are to take your feedback and combine it with feedback from other staff and summarize the findings into a final report. The report will support the Office of Policy and Planning identify strategies to include in their SDOH-AP.